



## Consent for Hydrafacials

Check the following that apply:

- HYDRAFACIAL®
- BLUE/RED LED LIGHT THERAPY
- LYMPHATIC/MASSAGE THERAPY
- MICRODERMABRASION
- WET DIAMOND (Medical Use Only)

### Absolute Contraindications

- Accutane or other similar medication (in the past year)
- Autoimmune disease, HIV, lupus, hepatitis, scleroderma
- Active Infection in the treatment area
- Melanoma or lesions suspected of malignancy
- Active Sunburn
- Pregnancy (medical-legal)
- Breast feeding (medical-legal, may increase skin sensitivity & likelihood of PIH)
- Epilepsy contraindicated for LED light therapy
- Shellfish allergy
- Aspirin allergy

The HydraFacial™ Liquid Microdermabrasion treatment removes dead skin cells and extracts impurities while simultaneously providing the new skin with cleansing, hydrating and moisturizing serums. The HydraFacial™ Liquid Microdermabrasion treatment is safe for all skin types as it is completely noninvasive and nonirritating. HydraFacial™ Liquid Microdermabrasion are most commonly administered on the face and neck, but can also be used to improve the skin on the décolleté, hands, and other body areas.

I understand that I may experience temporary redness, irritation, peeling, striping, and sun sensitivity. Cold sore outbreaks may also occur if I have a previous history. I understand that optimal results are achieved with a series of treatments, accompanied by proper skin care.

I have been told and understand that I may require multiple treatments to acquire the desired results. I understand that there is a possibility of hyperpigmentation resulting from a procedure, especially in individuals prone to hyperpigmentation from a scar or other injury.

I have been told that there may be risks and hazards related to the performance of the procedure planned for me. I have been told that this procedure may involve some discomfort. I understand that no warranty or guarantees have been made to me as the results. I have been told that it is recommended that I limit sun exposure to the treated areas and wear sunscreen (SPF 30 or higher). I have been told that I should not use any skin care products containing acids (AHA's alpha hydroxyl acids, glycolic acids, salicylic acids, etc...) for 3 days following the procedure.

I have been given the opportunity to ask questions about the procedures, and the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent.



I understand that, regardless of payment method, there will be no refunds issued for services rendered. I agree that should I have a problem of any kind whatsoever, I shall immediately notify Refine MD.

I certify this form has been fully explained to me and I have read it or it has been read to me. I understand its contents.

I understand that photographs will be used to track patient progress. These photographs may be used for promotional purposes anonymously.

Client Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date Reviewed and Signed: \_\_\_\_\_